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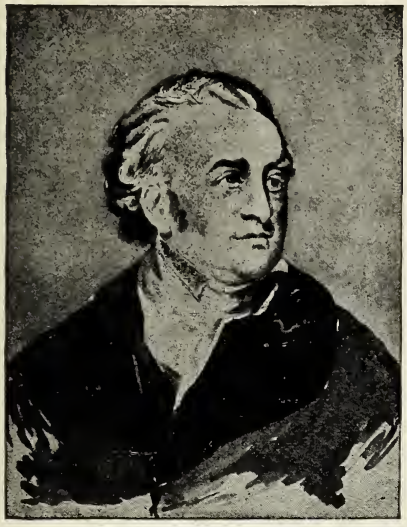

SIR ASTLEY COOPER.

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NOTE ON INFANTILE SCURVY.

BY

JOSEPH LEIDY, JR., M. D., PHILADELPHIA,

ONE OF THE PHYSICIANS TO THE PENSYLVANIA HOSPITAL AND INSTITUTION FOR FEEBLE-MINDED CHILDREN, ELWYN.

CASE II. The following notes are of a case in private practice and one which was under constant observation :

> R. D., age eleven months, of healthy parentage, one of three children, came with the history of having Rheumatism. The symptoms were entirely referable to the lower extremities, which were painful to the touch, though no evidence of swelling could be detected. When the soles of the feet were pricked the child would make partially successful efforts to draw the limb up ; pressure along the femur or over the knee-joints occasioned considerable pain. Petechial spots were present over both tibia and on the *lower* gums. There was slight anemia. Heart and lungs negative; bowels loose. As the patient was upon sterilized milk, the diet was continued, and in addition, beef-juice and orange-juice ; but little progress was made. At the end of ten days the gums were decidedly spongy, the limbs not at all improved (owing to the tendency to diarrhea), and considerable gastro-intestinal irritation. Pasteurized milk with Fairchild's Peptogenic Powder was substituted for the sterilized milk, in addition to beef-juice and orange-juice, which was continued. Without it were possible to witness the rapid progress toward recovery which this case made, I fear any account would be incredible. Suffice to say, that in four weeks, with the exception of the anemia, the symptoms had entirely disappeared. The patient had regained entire control of the lower extremities, is now increasing in weight, and the anemia rapidly disappearing.

Rheumatism was again the error in diagnosis in this case, and again a point of considerale interest, as well as the rapid amelioration under change of diet rich in fresh food. This child had been brought up on sterilized milk. Of the nine cases which I have had an opportunity of studying personally, six were fed upon one of the proprietary infant foods, three upon sterilized milk—all bottle fed.

Excerpt from *Boston Medical and Surgical Journal* of October 29, 1896.

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Original Articles.

TREATMENT OF ACUTE GONORRHEA.

By John D. Blake, M. D.,

Professor of Surgery, Baltimore Medical College.

READ BEFORE THE BALTIMORE MEDICAL ASSOCIATION, OCTOBER 26, 1896.

The treatment of acute gonorrhea is doubtless a subject which has to a greater or less extent interested you all at some time during your professional life. And while I fully appreciate the fact that my theme is by no means a new one, yet I feel encouraged to know that I cannot be successfully charged with imposing upon you a dry subject. My daily experience leads me to believe that whatever may be the views of a large percentage of our profession as to the etiology and pathology of this very troublesome disease, they entertain a very vague and indefinite notion regarding the proper and successful methods of treatments.

Gonorrhea at best is essentially a troublesome disease — troublesome not alone to the patient, but to the physician as well, on account of the tenacity with which it holds to its victim. Few diseases cause more anxiety than does this disease, anxiety to patient, to friends and to physician alike. I have therefore brought this subject to your attention at this time solely for the purpose of awakening new life and bringing forth new ideas, so that a more tangible and satisfactory understanding of the treatment of acute gonorrhea may be had.

In the language of another, I do not want you to think that I intend to launch out in a new channel or role regarding the treatment of acute gonorrhea, for I am sure if I did you would say that it was another needless exploring expedition, setting out on the trackless sea of gonorrhea with no definite point in view and with uncertainty regarding the existence of such a haven.

I shall content myself this evening by simply calling your attention to my method of using remedies well known to you in the treatment of this disease, laying stress not so much upon the remedy, as upon the method of its use.

I confess I was not one of those who a few years ago thought that the millennium for gonorrhea had come when the hot antiseptic solution injection method was introduced, nor am I one of those who believe that nothing can be gained by such treatment. I regret very much to note the fact that in this advanced age, many eminent medical men allow themselves to be so influenced by every thing that appears new, that their writings upon almost any subject are so extreme and exaggerated, and the claims they make for this or that remedy, or method, so often overstated, that one sickens at the promptness with which he fails to obtain anything like the results claimed for a certain remedy or procedure.

In speaking of the hot bichloride injection method, one enthusiastic surgeon declared that by the adoption of this method by the profession for acute gonorrhea, the work of the genito-urinary surgeon would soon pass away. While another, equally prominent, regards this method as a lurid failure, claiming that the nail rubber protector lamp and Halsted glass nozzle will all be soon numbered with medical museum curiosities.

Such extreme and extravagant opinions can not fail to do other than harm, for it must be remembered that each of the investigators cited has his followers, either of whom are doomed to failure and disappointment.

Not feeling at all satisfied with the results of the various treatments of acute gonorrhea usually adopted, and having failed in many cases to obtain a satisfactory termination of the trouble by the various methods now in use, I determined upon the following method :

The patient is first of all made to urinate, thus removing as far as possible all discharge from the urethra.

A fountain syringe holding a half gallon of warm boric, carbolic acid or bichloride solution is kept constantly on hand (these solutions are very mild, the bichloride being about one to 40,000—the others being about one to 10,000), with which the urethra is thoroughly cleansed by permitting a constant stream to flow into it through a Halsted glass nozzle, which serves the double purpose of permitting the stream to pass into the urethra at the same time plugging, as it were, the meatus sufficiently to enable me to fully distend the canal, thus insuring a thorough cleansing, while at the same time the hot water acts soothingly upon the inflamed membrane ; from a pint and a half to a quart is permitted to run in and out of the urethra at each sitting.

After this, the endoscopic tube warmed and anointed with glycerine is passed into the urethra and by the aid of electric light I am able in many cases to locate the extent of the inflammatory action.

The passage of the tube gives rise to very little pain ordinarily and if it does I inject ℥i or ℥ii of a ten per cent. solution of cocaine, after which the instrument passes without trouble; this is only necessary in very sensitive patients or when the inflammation is very acute.

With my tube in position in the urethra, I take a long nozzle hard rubber syringe previously charged with a solution of nitrate of silver 6 to 10 grains to ℥i, of aqua destillata (the ordinary half-ounce hard rubber vaginal syringe will do nicely) the long nozzle is carried down the tube until the point gently touches the urethra at the end of the tube. I then gradually press the piston down, at the same time gradually withdraw the tube, thus bringing every part of the urethra in contact with the solution.

The smarting and burning occasioned by the injection will pass off in, say, ten minutes and the patient will feel quite comfortable after that; this should be repeated if necessary on the third day, while the hot injection of the cleansing solution is to be kept up two or three times daily ; in addition the patient is required, after each washing out, to inject about ℥ij of a solution containing eight grains of boracic acid to distilled water ℥i — or some other mild astringent solution, such as carbolic acid, zinc sulphate and morphine or permanganate of potash.

The character of the discharge should regulate the frequency with which the nitrate should be used, it rarely being necessary to do so more than once or twice. The patient should be directed from the very first to wear a neatly fitting suspensory bandage in order that such complications as epididymitis, orchitis, etc., may be prevented.

The last injection at night should not be taken immediately before retiring as the distension and irritation of the canal will predispose to chordee.

The immediate effect of this treatment is to produce a free purulent discharge (which, of course, I warn my patient to expect) which generally lasts from 24 to 48 hours; the pus is thick and ropy, after which time it begins to diminish in amount and character; it now becomes more watery or milky; be-

coming more and more watery until it ceases altogether, which I have seen it do, in cases that I have been able to keep in their room and bed (two cases) in eleven days each and in five cases, the earliest 14 and latest 27 days. I regret that the largest per cent. of cases are so environed as to make it impossible to secure the desired rest and quietude.

Of course, during the treatment, the bowels should be looked after and kept fairly free, with some saline cathartic, preferably the Rochelle salts; frequent baths should be taken if convenient and absolute abstaining from the use of stimulants and condiments is advisable. As to internal treatment, I generally give the following which I think has proved serviceable :

℞.—Soda salicylat. . ℥ss
Tinct. hyoscyami . . ℥ss
Infus. digitalis q.s., ad. ℥iv

A teaspoonful every four hours, well diluted in water.

This I think tends to neutralize the urine as well as allay nervous irritability and at the same time act as a diuretic.

From the results I have had I am encouraged to continue the method, hoping that the future may prove the correctness of it.

This method is not to be classed among the abortive treatments in the sense in which that term is used, when strong caustic salts are recklessly and blindly used, nor do I claim that every case, regardless of the stage or surroundings, will as promptly yield as those mentioned, but I do claim that in acute uncomplicated cases the above results will I am sure be obtained in a vast majority of cases.

It will be remembered that a year or more ago I reported a series of cases treated by the mild hot bichloride solution method, using the Halsted nozzle and my own retrojection catheter, in which I used large quantities of the solution at each sitting (say one-half gallon or more) with evident benefit, but as I found it very difficult if not impossible to get any number of cases to present themselves as often as that method (to be efficient) required, I determined to carry my experimentation further along that line, using stronger and stronger solutions with varying unsatisfactory and satisfactory results. I found a one to 5000 or 10,000 bichloride solution very irritating, producing at times severe burning and pain, often chordee at night, which had to be relieved by an anodyne in three cases, one where a 5000 solution was used and two where a 10,000 solution was used; I had pain, hemorrhage and retention to rapidly follow. The bichloride solutions seem to have the power of producing a peculiar dryness of the mucus lining of the urethra which makes urinating very painful, at the same time the swelling goes on with seemingly increased vigor. I have therefore come to the conclusion after trying solutions of salicylate of soda, permanganate of potash and chloride of sodium that all of these solutions should be used only as cleansing solutions and in strength sufficiently mild to prevent irritating the mucous lining of the tube; when thus used, they also act incidentally by retarding the activity of those germs which still adhere to the mucous membrane, as well as a soothing lotion to the highly inflamed membrane.

Frequent microscopical examinations in a considerable number of cases prove the above statement regarding the action of these drugs on the micro-organisms of gonorrhea, while the stronger solutions had a more decided effect upon the organisms; it also had a decidedly more disastrous effect upon the lining of the urethra while the strong nitrate of silver solution, applied only once or twice at stated intervals, seems to have a decidedly salutary effect in contracting the over-distended capillaries, thus bringing about a healthy reaction by which the mucous membrane is enabled to throw off the imbedded micro-organism.

Curiosities of Aphasia. — Pitres states in the *Journal of Eye, Ear and Throat Diseases* that in recovery from aphasia in persons who speak several languages the mother tongue is first restored, and the use of dialects and idioms is next regained.

PRACTICAL versus SCIENTIFIC MEDICINE.

By A. D. Mansfield, M. D.,
Late Assistant Surgeon Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore.

A CLOSE student of the conditions that confront the medical men of the present age cannot fail to discover that medicine and medical treatment have a scientific as well as a practical aspect, and that too little attention is paid to the management of medicine from the practical business standpoint. There is so much of the scientific and too little of the practical; within the past decade medicine has changed wonderfullly. We have seen medicine in the broadest sense divided and subdivided into specialties and subspecialties. On the one hand, we find men devoting their energies to the accomplishment and perfection of some specialty from a scientific standpoint, without any regard whatever to the practical side of medicine, viz.: the application of the knowledge to humanity for the necessary remuneration to make a living; on the other hand, we find men devoting all the knowledge they can obtain, through reading and other channels, to the one end—making such application repay in money.

Very often men of trade reap all the pecuniary benefit to be derived from the efforts of medical men and men without medical training are applying the results of research of medical men. I believe that the medical man should attend more to the practical side of medicine, especially when we live and move in such a practical age. Should our forefathers of the early part of the century come to visit medicine now, how much astonishment would characterize their actions, so much has the realm of the possible invaded the long thought territory of the impossible. Some men enter medicine apparently to make an honorable living for themselves and their families, others may take up medicine with the idea of amassing immense fortunes, but few are successful in this. How many of the world's rich men are numbered amongst the medical profession? Again, very few men enter medicine with means sufficient to pass their days in research in scientific medicine. It is a laudable desire to advance the science of medicine as a science, but not all with the money have such inclinations. Most of us enter medicine as men enter other callings of life; they are attracted to it, but they nevertheless look to the profession for a livelihood; they spend years in preparation and are equipped mentally to pursue the calling of medicine. They find in medicine a calling suitable to their tastes, and as a means of supplying in moderation the necessities of life.

Do medical men sufficiently attend to the practical side of medicine? Is it a practical business method to continue to attend patients who persistently refuse to pay their bills? Is it a practical business method to allow patients who are able to pay for services rendered to receive such services at our free dispensaries for nothing? Let any one be known to the commercial world as "poor pay" and see how quickly business methods are employed. But you say medicine is above all such—pure nonsense. Medicine is just what the medical men make it. Medical men are lax in their methods in managing their business and people take advantage of that laxness. The public knows that if Dr. Blank insists on being paid that Dr. Next-Door will treat them even though he knows the patient owes Dr. Blank a large bill. The people generally know that Dr. Next-Door has no intention of helping Dr. Blank get his just bill, even if he is not paid for it himself. Do business men argue that way? If a man does not pay Mr. Dry-Goods he cannot contract a bill at Mr. Jeweler's. Again, the medical men generally do all in their power to send unworthy patients to free charity dispensaries that should not be sent there by anyone, much less by medical men,

and people are quick to grasp this situation and recognize the bad business principle that exists in going to a free dispensary when they know that they have no right; yet, Dr. Blank sends them and Dr. Young at the hospital must treat them because Dr. Old, who heads the institution, insists upon it, so as to make a creditable showing in the hospital report.

These two principles, well-known to exist in medical practice, are bad business principles and at their door can be laid much of the existing depression in medical practice. If medicine were conducted upon sound business principles, the same honorable principles that are used to conduct any other legitimate business, medicine would be extremely profitable. Merchants give no further credit when you refuse to pay your just indebtedness. Many a doctor will continue to carry a family along, when that patient refuses month after month, year after year, to pay his increasing bill.

It is this practical side of medicine to which I wish to call your attention. I do not wish to be understood for one moment as disparaging the scientific side, but I do wish it emphasized that if a man is to make a living by the knowledge he possesses he should be permitted to use the same honorable means that are legitimate in other callings of life. I most strenuously object to the antiquated code of medical ethics because everything else in medicine has changed except this unreasonable code of ethics and the best place for it is the fire of eternal futurity. How many observe it as it reads? Analyze the actions of the men you come in contact with in your daily life. I will make no definite statement as to how many observe it, but leave that to each individual to answer for himself. Scientific researches are but the basis for the application of practical medicine, for through the scientific we are surely enabled to put into effect the practice of medicine and we leave too often the application of medical truths to others and as well the consequent financial remuneration. It is almost a monthly occurrence that we find a scientific truth that has just been discovered turned by practical methods to vast profits.

The time has come when medical men must either be practical or retire to the absolute scientific studies in medicine. Who is more capable of the application of a scientific medical truth than the medical man? What prevents him other than that antiquated and unreasonable code of medical ethics? I quote from an editorial in the *New York Polyclinic* of September 15, 1896, in which the editor in part says: "Hundreds of young men today are eating their hearts out in the vain endeavor to earn an honorable livelihood in medicine, compelled as they are to conform to the antiquated and ridiculous code of ethics that has been handed down to us as a sole relic of a narrow-minded, unscientific and bygone era." The trouble is that the medicine of today is so intensely scientific that it cannot look up and see the high wall of ethical stones that is built around about it. But like the walls of China, they must succumb to the advances of the ages, and so with this code of medical ethics, it must be broken and will be broken some time. Medical charity abuse is a practical subject and by no means a scientific subject and I am glad to notice that the Medical Association of the District of Columbia has taken some active steps to correct this medical charity abuse in Washington and trust their efforts will be crowned with success.

It is high time the men of Baltimore were doing something of the kind. An opportunity was offered but it was not seized. This subject of medical charity abuse has been presented on previous occasions by the writer and, like all other efforts at reform, has met with praise as well as criticism. It may be somewhat edifying to give briefly the line of criticism, not in print but private conversation. It is suggested that first agitation will do no good and that often it is not well to speak the truth and present facts.

Agitation will stop only when the cause of agitation is removed; the agitation is not at fault, it is the cause of agitation. Agitation is but the expres-

sion of a certain number of aggrieved persons through one who is bold enough to express what the mass think. The writer has been told to turn his attention to a scientific subject and stop agitating a recognized and admitted evil as it will only drive away donators who give largely to the support of charity and charitable institutions. If my agitation will open the eyes of people who think all the money they give goes to pure charity, and if the open eyes will only behold what is to be seen, then the agitation has accomplished the end desired. Charity is commendable but charity covers more than a multitude of sins.

Let donators cease giving, for the money they give does not accomplish the desire of the donator but accomplishes the desires of the distributors. When anyone gives a donation the desires of the donator should be carried out and no man is rash enough to donate money to treat people that are as well able to pay as the donator. I am gratified that donators are having their eyes opened and I trust that the larger donators, Congress, State legislatures and municipal councils will also have their eyes opened and demand of the hospitals strict censorship or self-support. Now medical charity abuse is an up-to-date living, practical medical topic. The question, "Can the abuse be corrected?" is another practical question. Will medical men be forced to become more practical in their methods to keep pace with the changes of the present age? Yes, I think they will and it is only a question of time when medical men will change their methods. Some may hang on to the scientific ideas and allow practical methods to men outside the ranks of medicine and allow them to walk off with all the profits.

I am sorry to say that some so-called regular medical men in so-called good standing do things that are irregular, even from a general moral standpoint, to say nothing of a medical ethical standpoint and worse, still, their confrères are perfectly cognizant of what is going on and blink their medical eyelids. It is the old saying "It is not wrong to steal, but it is a crime to be found out." Work can be done underhand and pass unobserved even by those knowing it, but open, honorable and legitimate efforts, if not in conformity with antique customs and narrow-minded views, are condemned. The time is rapidly approaching a crisis when changes that must happen will be accomplished.

BACKWARD DISPLACEMENTS OF THE UTERUS.

In a very elaborate article on the treatment of backward displacements of the uterus, in the *American Journal of the Medical Sciences*, Dr. Howard Kelly concludes that operative measures are only to be resorted to for the relief of retroflexion in those cases in which there is good reason to believe that the displacment seriously interferes with the patient's health and comfort. Then, if the case is one calling for operation in a woman who has borne children, first always look well to the vaginal outlet, and restore it, if it is broken down. The Alexander operation, as performed by Edebohls, will yield excellent results; his personal preference is to deal directly with the retroflexed body of the uterus by a suspensory operation.

TREATMENT OF GASTRIC HYPERACIDITY BY METHYL BLUE.

Berthier reports in the *Therapeutic Gazette* that methyl blue can be used with advantage in this condition, the dose being one to three grains each day for several days. It is then discontinued for three or four days, and then used again. He claims that it abolishes the pain, re-establishes normal digestion, suppresses any tendency to vomiting, and relieves hyperesthesia of the stomach and gastralgia.

RESIDUAL URINE OF URETHRA.

By Stuart McGuire, M. D.,
Professor of Principles of Surgery in the University College of Medicine, and Surgeon to St. Luke's Home, the Virginia Hospital and the Home for Incurables.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, DECEMBER 8, 1896.

The penis is both a urinary and a sexual organ, and, like all compromises, has certain defects which render it liable to disease. Disorders of the kidney and bladder affect its sexual function and venereal troubles cripple it for the discharge of its urinary duty. So intimately are the two associated, that in treating disease of the one the possible influence of a pathological condition of the other must be constantly considered.

There is no condition met with in genito-urinary practice so difficult to cure as chronic posterior urethritis. I do not propose to discuss the disease systematically in this paper, but I want to call attention to the fact that in many cases the condition is maintained and the treatment frustrated by the presence of residual urine in the urethra. It has long been known that a few drops of urine may be retained behind a tight stricture, but I have been unable to find mention of the possibility of a considerable quantity of urine being left in a dilated portion of the urethra and acting as a causative factor, or as an obstacle to the cure of the disease.

The urethra is not a tube of uniform caliber, but has points of physiological narrowing. It is divided arbitrarily by anatomists into three portions — the spongy, the membranous and the prostatic; by surgeons into two — the pars anterior and the pars posterior. The urethra has two curves—one fixed by the prostate, the other movable and depending on the position of the penis. When urine passes through the urethra, it is propelled not only by the *vis a tergo* of the bladder, but by the contraction of various muscles, and the channel is normally emptied of the last few drops of fluid by a progressive wave of blood which flows from the bulb through the corpus spongiosum. A careful study of the anatomy of the urethra will at once suggest the possibility of urine stagnating at certain points and a review of the physiology of micturition will show how nature has seemed to foresee the evil results which would follow and guard against its occurrence.

It was my misfortune, at the very beginning of my professional life, to have several patients with chronic inflammation of the deep urethra. I treated them with indifferent success, and, from my inability to cure them, attributed the symptoms of which they continued to complain to sexual neurosis or hypochondriasis. Finally, I bought an electric urethroscope and began to examine systematically every case of chronic urethral trouble that came into my office. At first, I accomplished little; but after I became familiar with the healthy and the diseased appearance of the mucous membrane of the canal and learned by experience what local applications did most good, my results were very gratifying.

In several different cases, when I looked down the tube, I almost invariably found its end filled with fluid and so constant was this condition that I expected to find it and had a mop ready to remove it. I did not at the time appreciate its significance and supposed that I had introduced the instrument too far and had dilated the sphincter of the bladder. Last winter a patient came to see me suffering with chronic posterior urethritis, but, in addition to the usual symptoms, he said that after urinating his trouble was greatly increased and that he could only obtain relief by stroking his perineum firmly with his finger from behind forwards and thus milking out about half an ounce of urine which remained in the deep portions of the urethra. The passage of a No. 30 sound failed to detect a stricture and I was forced to the conclusion that the

residual urine was not dammed back by an obstruction, but was retained in a dilated and inelastic pouch of the urethra. I have now the record of four other similar cases, the quantity of retained urine varying from one drachm to half an ounce.

Residual urine of the urethra may be caused in one of two ways, or by a combination of both. Either there may be a stricture of the urethra, and the urine rushing down from the bladder meets with the obstruction, and by hydrostatic laws expands the portion of the canal behind the stricture, and the repeated distension causes the part to lose its elasticity and contractility and remain patent; or there may be no stricture, but a chronic inflammation of the mucous membrane and adjacent structures may so lessen its tone and relax its tissues that dilatation and sacculation follow. In both cases, the result is the same; urine is retained in the urethra, and, undergoing decomposition, irritates its sensitive surface and produces distressing symptoms.

It is a question whether residual urine in the urethra is the cause or the consequence of chronic posterior urethritis. The practical fact is that the condition cannot be cured until it be removed.

The treatment of such cases must be moral, hygienic, constitutional and local. The patient is in a state of mental depression bordering on sexual neurasthenia. He is as morbid and hysterical as a woman with "womb disease." By kindly sympathy and judicious encouragement, the surgeon should win his confidence and overcome his fears. The patient's diet should be restricted, his bowels regulated, and a moderate amount of exercise advised. If he be married, sexual intercourse need not be interdicted, but if he be single he should remain continent, and carefully avoid all possible sources of excitement. Tonics are frequently useful; if the patient be weak, and has no appetite, give him a bitter stomachic like tincture of cinchona; if he be pale and anemic, give him large doses of tincture of the chloride of iron. Direct him to "strip" his urethra after emptying his bladder; and if his urine is concentrated or irritating, instruct him to drink large quantities of some pure light water. Salol, or some other drug which is eliminated by the urine, and by its antiseptic properties prevents its decomposition, may be frequently used with benefit.

The local treatment is of great importance. The first point to be determined is the presence or absence of stricture. If it be present, it should be dilated by the systematic use of large sounds. If it be absent or if the symptoms continue after it has been removed the case should be treated by making stimulating applications directly to the diseased area. The whole length of the urethra should be rigidly inspected with the urethroscope and the congested spots, granular patches, or superficial ulcers, accurately located and carefully touched with a solution of nitrate of silver, the strength being varied to suit the requirements of the individval case.

Before the development of urethroscopy urethral lesions were unrelieved because unrecognized. We live in an age of accuracy and precision, and with modern instruments have no excuse for empyric practice.

THE PREVALENCE OF MALARIA.

"In my opinion," says Dr. Charles M. Ellis of Elkton, Maryland, "the malaria bacillus in some form or other is at the bottom of almost one-third of the diseases in general practice, and complicates almost all of the others. When the malarial affection is at its greatest intensity it dominates all the processes of the human frame. I never yet have seen a case of true remittent fever. In all the cases I have had, generally answering to that type, there has been no eventual doubt but that it was typhoid. I have seen many cases of so-called malignant malaria, but I have never had any doubt in all but that they were typhoid."

Society Reports.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD OCTOBER 26, 1896.

THE President, Dr. Randolph Winslow, in the chair.

There were no reports from committees.

Dr. Crutchfield proposed for membership Dr. J. G. Jeffers, 1143 W. Franklin Street.

Dr. John D. Blake read a paper on the TREATMENT OF ACUTE GONORRHEA. (See page 199.)

Dr. E. G. Waters asked how his present method compared with former methods both as regards time and efficiency.

Dr. Blake replied "very favorably, and it bids fair to be an improvement over former methods."

Dr. Winslow asked if this method is used in all cases of acute gonorrhea and what is the fee ?

Dr. Blake: He uses it in every case. The fee depends upon the circumstances of the patient.

Dr. E. D. Ellis thought that a fountain syringe is a rather cumbersome appliance to be employed in this trouble. Infusion of digitalis is unnecessary. To increase the quantity of urine the use of water would answer better. Salicylate of sodium answers well to alkalize the urine. Rest in bed is very important.

Dr. W. Guy Townsend reported a case that recovered quickly after the cutting of a stricture.

Dr. C. Urban Smith asked how much of the 10-grain solution of nitrate of silver he injects.

Dr. Blake thought that Dr. Ellis is wrong as to the action of digitalis. He always has a microscopic examination made. He has seen cases in which he could not find gonococci and yet the trouble was undoubtedly gonorrhea. In simple urethritis the membrane is not so edematous. He rarely injected more than two or three drachms of the solution of nitrate of silver. He believes that a solution of common table salt answers as well as a bichloride of mercury solution ; it renders the fibrin less tenacious.

Dr. Winslow said that this plan of treatment was recommended in Vienna when he was there twelve years ago.

Dr. J. W. Chambers thinks that in the end this treatment will not prove to have any advantage over others. He does not think that by any method gonorrhea can be definitely distinguished from simple urethritis. Even a microscopic examination will not always tell.

Dr. Blake: Gonorrhea can be diagnosticated by the appearances just as we recognize gonorrheal ophthalmia. The history will often aid in making a diagnosis. Patients with gonorrhea would not leave their physician so frequently if the doctor took more interest in them.

Dr. Winslow exhibited a specimen of osteoma of the upper jaw removed from a boy aged 12 or 14 years. The antrum had been opened under the impression that it was malignant. The tumor had existed less than a year. The patient had had trouble with the nasal duct. He tried to remove it without interfering with the alveolar process, but four teeth came with it. He thinks that there will be but little deformity.

Dr. Chambers mentioned the case of a lady from whom three years ago he removed the superior and the inferior maxillary on the same side and there is no deformity.

The Association then adjourned.

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

RICHMOND ACADEMY OF MEDICINE AND SURGERY.

REGULAR MEETING, DECEMBER 8, 1896.

THE President, Dr. Landon B. Edwards, in the chair. Dr. Mark W. Peyser, Secretary and Reporter.

Dr. Stuart McGuire read a paper on RESIDUAL URINE OF THE URETHRA. (See page 205.)

Dr. J. W. Henson said that there was such a thing as residual urine of the urethra, there could be no doubt, and it was a matter of considerable importance. While residual urine caused

posterior urethritis, he was convinced that local posterior urethritis might and did bring about the condition of residual urine in the urethra.

The surgical posterior urethra was emptied by the rhythmical action of the levator prostatae, compressor urethrae, accelerator urinae, and the muscular fibers surrounding the urethra beneath the submucous coat. When there is a point of inflammation, there is, of course, some swelling ; but added to this, the muscle at that point, or some of its fibers, assumes a spasmodic action, the rhythm above mentioned is interrupted, and the deep urethra fails to be completely emptied. Question an intelligent man, and he will tell you that after passing urine that is highly concentrated, he is sometimes conscious of being unable to empty the deep urethra for ten minutes or more, when, the local irritation having subsided, the same muscular effort at first used easily accomplishes the act. Now, of course, when the local irritation is continuous, as in inflammation, the spasm is longer or continuous, with retention of urine back of the irritated point. Residual urine is oftenest only a few drops, but this, by decomposition, is sufficient to greatly intensify the inflammatory action and hasten the formation of stricture. He thought it not improbable that urine was retained by the sharp bending of the urethra which occurs just in front of the scrotum when the penis is pendulous. This would occur, of course, only when the organ is replaced before being thoroughly emptied after urination.

In order to properly grasp the situation of affairs in posterior urethritis, or any urethritis of a chronic character, and intelligently treat the same, the use of the endoscope is necessary. To attempt to manage a case without this instrument would be a much more serious blunder than treating a sore throat without inspection. Many a patient has been told he had nothing the matter with his sexual organs, while the fact was he had, and, as a result, nearly or quite became a lunatic. The reverse is equally true. It is a serious matter. He congratulated Dr. McGuire upon his paper.

Dr. W. T. Oppenheimer agreed with Dr. McGuire throughout regarding the employment of the endoscope. The urethra was a closed tract, not admitting of air, and the folds might be seen closing behind the instrument. Minute inflammatory points as results of gonorrhea, uric acid crystals, etc., residual pus, mucus that might be mistaken for urine, all could be found. The urethra should be fully dilated with the instrument so that ulcerations might not be hidden by the folds. The endoscope was certainly a great advance in the treatment of urethral troubles ; but it must not be introduced in acute inflammations. In his experience, deep injection of a solution of atropine stopped secretions, and in the more acute forms, he used it in combination with other remedies.

Dr. Stuart McGuire, in closing the discussion, said that the paper he had read had been hurriedly written, and that it was merely intended to be suggestive. His object in reading it was to endeavor to establish a clinical fact, namely, that in certain cases of chronic posterior urethritis there was a retention of a considerable quantity of urine in the urethra, which was either the cause of the trouble, or a complication which made it difficult to cure. He dwelt upon the importance of using the urethroscope in such cases, and exhibited various electrical illuminating apparatus, and demonstrated, practically, their operation. He concluded by urging the profession to be more accurate in their work, and begged that in future they would not diagnose urethral symptoms as neuroses until by a careful examination of the entire length of the urethra they had demonstrated the fact that it was free from abnormalities.

MEDICINAL CATARRH. — Dr. George Cohen reports, in the *American Journal of the Medical Sciences*, that he gives five minim doses of belladonna tincture to each ten grains of potassium iodide to control the coryza caused by the latter drug.

Correspondence.

COPYRIGHTED ARTICLES.

Philadelphia, Dec. 24, 1896.

Editor MARYLAND MEDICAL JOURNAL:

Dear Sir: — I would be pleased to have an expression of opinion as to the relations of the lay publishing firms of medical journals and the profession. The request is suggested by the fact that Messrs. Wm. Wood and Company of New York refuse to permit the editors of "The American Year-Book of Medicine and Surgery" to use in our abstracts of Medical Progress articles and illustrations first printed in the *Medical Record* and the *American Journal of Obstetrics*.

This decision seems to me to be wrong for the following reasons:

1. It Prevents the Dissemination of Medical Knowledge. The Year-Book condenses, systematizes and criticises the year's medical work in a shorter space and more permanent manner than the journals, and has thousands of readers no single journal can claim, or hope, to reach. Every physician writes and publishes articles in order that every member of the profession may, if possible, learn of his work, and that science and progress may thus be furthered and humanity benefited. To interfere with such dissemination of our literature in reputable publications is, I think, discourteous and unjust to the profession and an injury to medical science.

2. This injustice and injury to medicine becomes all the more striking when physicians do not receive a cent of pay for contributions, from the publication of which the lay publisher is supposed to make considerable financial profit.

3. No other publishers in the world, not even those who pay authors for their contributions, have in the least objected to our reproduction of quotations, abstracts and illustrations from their journals.

Do you wish to limit the dissemination of your contributions to medical science by such an exclusion of them on the part of publishers from reputable publications? Is this literature the property of yourself and of the profession or not? Does your gift of it to a journal make it the private property of the publishers of that journal? Is it not rather a loan for temporary use only?

Will you not hereafter demand that there be printed with your article a statement that the right of abstracting the text or reproducing illustrations is guaranteed?

Yours very truly,

GEORGE M. GOULD.

119 S. 17th St.

Medical Progress.

REPORT OF PROGRESS IN PEDIATRICS.

By A. K. Bond, M. D.,
Clinical Professor of Diseases of Children,
Baltimore Medical College.

SCHOOL ASEPSIS IN INDIANA.

DESK-TOPS and banisters are to be washed with soap and water and afterwards with a disinfectant, for germs from their inviting surfaces may get into children's mouths. Large tin cups and buckets of drinking water are condemned, as receptacles for the distribution of spittle and disease-matters. Covered water-vessels with full stream of water and small tin cups which are flushed out at each filling are to be used.

Slates are condemned as unclean or usually spittle-cleaned. When damp they collect dust and transmit disease. Pens and pencils are to be sterilized (daily?). Spitting upon the floor is filthy and unnecessary. The firing of germ-infected missiles, called spit-balls, across the schoolroom is unworthy of modern warfare.

CROOKED FEET.

There ought to be a city law giving to the Society for Prevention of Cruelty to Children the right to arrest and commit to orthopedic hospitals these little waifs who waddle around the streets, walking on the outer or inner malleolus. Such deformities may without difficulty be corrected and suitable apparatus will give a life of possible usefulness to an otherwise life-long pauper and cripple.

In the *New York Polyclinic*, September 15, Dr. Whitman testifies to the neglect and ignorance often manifested by the family physician on this subject (that of the parents is often beyond words of reprobation) and assures us that even after as much as six years of neglect, such limbs may be restored to usefulness except in so far as fetal faults of development or disuse-shortening are present.

MILK ESCAPE BY TRACHEOTOMY WOUND.

Dr. Cameron, in an exhaustive paper on troublesome complications of tracheotomy, *British Medical Journal*, September 12, refers to the escape through the wound of fluids swallowed. Sometimes it is so great as to interfere with nourishment. Milk getting into the larynx seems to do no harm, not even causing choking. One patient regularly passed half his milk through the wound into a saucer. It is not due to ulceration into the esophagus, nor to interference of the tube with rising of the larynx in swallowing, nor to diphtheritic palsy; but to temporary loss of sensitiveness in the part of the larynx. Feeding through a stomach tube is hardly necessary, as by slow swallowing, or the use of curd and meat jellies, escape by the wound may usually be avoided.

CEREBRAL PNEUMONIA.

There is a group of acute fibrinous pnemonias of childhood which are ushered in by severe brain symptoms (restlessness, coma, delirium, headache, vomiting) the very picture of an acute meningitis. These symptoms are probably due to high fever acting on a very sensitive nerve system. The lung signs do not often appear until the fifth day, and are then obscured by the nerve symptoms. In one case abnormal temperature, facies, coma, delirium, teeth grinding, all indicated meningitis, but when the temperature fell on the sixth day the lung symptoms took the first place. Pneumonias of the apices are especially associated with meningeal symptoms.

CONGENITAL HIP DISLOCATION.

Every now and then the community is scandalized by the discovery that what the family doctor or even the hospital professor (sometimes a number of each) have considered as a neuralgia or as a congenital shortening of bone and have for years neglected or maltreated has really been a dislocation all the while. In *Pediatrics* for September 15, Dr. Willard describes an anterior displacement of the head of the femur upon the ilium in a boy of eleven years. It was probably fetal in origin or a birth injury. It was quite easy to diagnose, the head being clearly felt rotating. Abduction is chiefly interfered with; treatment, prolonged extension in bed.

BACTERIOLOGY OF INFANTILE DIARRHEA.

The fermentation changes of the small intestine are more important in health and disease than the putrefactive changes of the large intestine. The former are very obscure, as the small bowel cannot be properly explored in life (Dr. Hemmeter of Baltimore has invented a tube for duodenal observation). Poisoning by absorption from small bowel is now said to be due to excessive action of normally healthful and helpful organisms, many varieties of which may in disease produce excessive fermentation, transformation of food products, and so cause disease-symptoms. Researches in summer diarrhea should therefore be directed toward an understanding of the conditions and changes of milk in hot weather, on account of which the organisms of fermentation act in an unwholesome and excessive manner, not stopping at the ordinary lactic acid fermentation of the milk sugar, but attacking the proteids.

TREATMENT OF ENLARGED GLANDS.

The consensus of opinion endorsed the delay of incision until suppuration begins, as shown by a peculiar elasticity of the gland to the touch. One should not, however, wait for fluctuation—especially should involvement of the skin in the tubercular process be headed off. The advantage of suppuration within the gland is that the tubercle bacillus is supposed to then become less active. The whole suppurative gland should be dissected out if possible, usually after

partial emptying. One writer urged swabbing out the incision cavity with undiluted carbolic acid which destroyed all suppurative organisms. Dilute carbolic acid may be absorbed and poison. Under dressing with iodoform worsted (better than gauze, being white double Berlin wool boiled twenty minutes, wrung out in 1 to 1000 solution bichloride, cut into 18 inch lengths, and rubbed with sterilized crystallized, finely ground iodoform) these heal quickly. If periglandular suppuration occurs the abscess must be scraped and mopped with pure carbolic acid before enucleation of the gland. Incisions should be as small as possible. The hair should be bound away with wet gauze antiseptic bandages. Great caution in operating in front of the ear is urged lest salivary fistula be left.

INFANTILE CEREBRAL PALSY.

Attention of orthopedists has heretofore been directed chiefly to the improvement of spinal palsies of children. But cerebral palsies though slow, promise much to patient treatment. Not only may tenotomy and splints improve the muscular force, but they also, by stopping the irritation of muscular nagging, promote quiet of brain and are followed often by mental improvement. Great harm is done by preventing all exertion of mind and body on the part of the patient (excessive coddling). Dressing and undressing, feeding, use of playthings and tools may all be permitted to the paralytic who can use his hands at all. Kindergarten and mental exercises may aid.

* * *

EXTRACTION OF TEETH AND FACIAL PARALYSIS.—In the *Lancet* a note on this subject is published by Dr. Frankl. Hochwart, in which he gives an account of six cases which he has observed. In the first case the patient had had an attack of facial paralysis seven years before, and the second attack, which affected the same side, came on the day after the extraction of a tooth, also on that side. In the next three cases complete facial paralysis came on a few days after extraction of teeth and without any other complication, and in these cases the paralysis was on the same side as the extraction. So it was in the sixth case, while in the fifth it was on the opposite side. Dr. Hochwart does not regard the actual extraction as the direct cause of the paralysis, but rather the condition of inflammation which renders extraction necessary or, at least, desirable ; and he points out the fact that injury to a tooth may cause paralysis to anyone with a predisposition, as was the case in a young woman who suffered from a third attack of facial paralysis after the accidental breaking of an incisor. He also thinks that inflammation about the teeth may cause paralysis even if extraction has not been done.

* * *

OPERATION FOR HYDROCEPHALUS.—Dr. A. Henle (*Medicine*) reports a case of hydrocephalus in which he operated by making a skin-periosteum-bone flap and introducing a small packet of glass wool in the form of a thick nail through an opening made with scissors into the lateral ventricle. The wound was closed by means of skin sutures over the piece of bone which had been turned back into place. He says the indication for operation in cases of hydrocephalus is only given by constant and rather long existence of the disease when dangerous or threatening symptoms of brain-pressure are to be combated.

* * *

SAND FILTERS.—Allen Hazen (*Medical Record*, November) concludes : "The city of Philadelphia is now using water in a most wasteful and extravagant manner, and immediate measures should be taken to check such waste, and to reduce the consumption to a reasonable amount. It is possible to construct sand filters similar to those in use at London, Hamburg, and many other European cities in connection with the existing pumping stations, of sufficient capacity to furnish water for all reasonable requirements, for the present population, and for that which may be expected in the near future."

MARYLAND

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WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, JANUARY 2, 1897.

Gastro-enterostomy.

In a previous number of the JOURNAL the indications for excision of the pylorus were discussed and the opinion was expressed that pylorectomy for cancer ought not to be performed, except in a very small proporion of cases in which the growth was strictly limited to the pyloric region, without adhesions to surrounding organs, and without matastases. The immediate mortality of the operation is about 75 per cent. and in no case has a radical cure been obtained.

As a substitute for this dreadful operation, gastro-enterostomy or the formation of an artificial fistula between the stomach and the jejunum ought to be done. This operation was first performed by Dr. Woelfler, First Assistant to Professor Billroth of Vienna, in 1881, in a case of inoperable cancer of the pylorus. Dr. Woelfler exposed the stomach for the purpose of excising the growth, but finding the disease too extensive for this procedure, he attached a loop of intestine to the anterior wall of the stomach, and established a communication between the two. The patient recovered from the operation. Since then the operation has been recognized as a legitimate procedure, and has been done many times by surgeons, with excellent results.

The mortality of gastro-enterostomy is also very high, but this is on account of the delay in its performance, until the patient is in the last stages of exhaustion from starvation. The technique is not difficult nor is the operation in itself dangerous, and if it is performed before extreme exhaustion occurs the results will be very good. There are several dangers inherent to the operation, such as persistent vomiting from kinking of the bowel, or from the entrance of the bile and intestinal fluids into the stomach, due to the fact that the contractions of the stomach and intestine are in opposite directions, but these dangers may be avoided by accurate suturing and by twisting the intestinal loop so that its peristalsis shall be in the same direction as that of the stomach. There is also the danger of leakage from inaccurate suturing or from the cutting out of the sutures; these difficulties are all more or less avoidable.

In order to lessen the time required for the operation, several mechanical aids have been employed, such as the Senn's bone plates and Murphy's button, by means of which the duration of the operation can be materially shortened. It is doubtful if these appliances will prove of more general utility than suturing.

A median laparotomy in the linea alba between the ensiform cartilage and umbilicus is made, the stomach exposed, and the junction of the duodenum with the jejunum sought for, and the loop of bowel contiguous to this is brought up, twisted into a loop and attached either to the anterior or posterior surface of the stomach at the greater curvature. An opening is made into the stomach and a corresponding one in the bowel, each being from 2 to 3 inches in length, their edges are sutured together and another row of sutures is placed external to and entirely surrounding the first row, and the abdominal incision is closed in the usual manner. Nothing is permitted to be given the patient by the mouth for several days.

The operation is not radical, but it prolongs life in many cases for months and in some cases for several years. Gastro-enterostomy is but seldom indicated in cicatricial stenosis

of the pylorus, as this condition can be better treated by pyloro-plasty or digital or mechanical dilatation.

* * *

Water Filtration.

THE Council Committee of Baltimore, which has recently returned from an inspection of the filter beds of Lawrence, Massachusetts, being, with the exception of Dr. McShane, unskilled observers, probably know little more of the advantages of this method than they did before.

While the combined methods of sedimentation and sand filtration are necessary in a manufacturing town like Lawrence, which is situated on a dirty river receiving the pollutions and sewage from other towns of large size above it on the same river, such methods, while always beneficial, are not strictly necessary in a city like Baltimore, which practically has no town or even village near its water supply.

Intermittent sand filtration and sedimentation is the ideal way of purifying drinking water, but the expense is very great and in a city like Baltimore, which is situated on no river of importance and which draws its drinking water from small streams whose surroundings can with small expense be protected, the time for sand filtration has hardly yet arrived.

* * *

Copyrighted Medical Literature.

THE letter of Dr. Gould in this issue opens a question which has justice on both sides and which would take much time to discuss. Physicians are so accustomed to giving away much of their professional as well as literary labor, that Dr. Gould is surprised that the owners of copyrighted literature should object to its being copied. It certainly could not harm the original work and would likely spread its reputation, but when medical journals and books are published by business men who have the very laudable desire of making money out of them, they can hardly be blamed for pursuing business methods.

There is a common courtesy among journals and books that allows quotations and abstractions in part, and it is doubtful if the publications of the Messrs. Wood ever objected to quotations in other journals from their journals, which are two of the few that are copyrighted. The MARYLAND MEDICAL JOURNAL, in common with many other similar publications, has too often seen its articles and editorials bodily appropriated without due credit. Dr. Gould has, perhaps, a fair reason to feel aggrieved, but business men who issue medical publications for pecuniary reward and not for glory can hardly be expected to be too liberal.

* * *

The Medical Record.

IT is with no spirit of flattery but with a desire of just praise that this JOURNAL notes the completion of the fiftieth volume of the *Medical Record* of New York—a continous publication of twenty-five years under the same editor, Dr. George F. Shrady, and the same publishers, Messrs. William Wood and Company.

Dr. Shrady exhibits to his visitors with justifiable pride the little sheet which is "Volume I Number 1" of a journal that has taken such a prominent part in medical education of the day. The success of the *Record* is due to the indomitable energy of the editor and the systematic manner of work by which he so distributes the duty among his assistants that all is done decently and in order and all passes under his skilled eye.

It is only fair to say, however, that the enterprise of this journal in obtaining early news and quick reproductions of important papers and society transactions is due also to the remarkable enterprise of the publishers, who spare no expense to obtain news early at any cost and who give Dr. Shrady *carte blanche* to telegraph a long piece of news or an important society report of any length. The editors and publishers are assured of the congratulations of the medical press of the world.

* * *

Dispensary Abuse.

DR. MANSFIELD still pursues the topic of dispensary abuse and hospital mismanagement with untiring energy. He is probably cutting the ground from under his own feet and is acting in opposition to all men who have a hold on good dispensaries from which to recruit their office practice, but he is preaching the right kind of doctrine and the sooner the profession as a whole are able to see this the better. It will be hard to correct this great evil.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 26, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		15
Phthisis Pulmonalis		21
Measles		
Whooping Cough		
Pseudo-membranous Croup and Diphtheria	32	8
Mumps	3	
Scarlet fever	23	3
Varioloid		
Varicella	1	
Typhoid fever	5	

Key West is suffering from an epidemic of smallpox.

Bay View Hospital is having an additional kitchen built.

The New York Polyclinic Hospital was partially destroyed by fire last week.

There is a very just complaint of the bad drinking water in and around Baltimore.

The next Pan-American Medical Congress will be held at Caracas, Venezuela, in December, 1899.

In Louisiana the State Board of Health supplies antitoxine free of charge when used on poor patients.

More than one-third of the people of this country live in cities and more than half the doctors are there too.

An experimental filter, with a capacity of 7000 gallons a day, is being put in at the Cumberland water works.

The State Board of Health is anxious to use the emergency fund of $10,000 to stamp out typhoid fever and other preventable diseases.

The Italian Government has just conferred on the discoverer of the anti-diphtheritic serum the well-merited honor of Grand Cordon of the Crown of Italy.

Professor Du Bois Raymond, Professor of Physiology in the University of Berlin and head of the Physiological Institute, died in Berlin last Sunday. He was born in 1818.

Dr. Louise D. Holmes has received her certificate from the Board of Medical Examiners of Georgia giving her the right to practice. She is the first woman physician licensed in Georgia.

A New York paper says that the mysterious death of a young lady of that city, and whose connections are the highest, may by a false death certificate involve a physician whose name is well known over the whole continent.

The Faculty Committee on General Sanitation will meet a Committee from the State Board of Health next Tuesday, January 5, 1897, at 5 P. M., at the Faculty Rooms, to make arrangements for a general sanitary conference.

The College of Physicians and Surgeons is so impressed with the necessity of a Pasteur Institute in Baltimore that they have decided to send Dr. Ruhräh to Paris to study in the Pasteur Institute there. He will then return and take charge of the proposed Pasteur Institute under the auspices of this college.

The Graefe Gold Medal, which is awarded by the German Ophthalmological Society every ten years, has this year fallen to Professor Theodore Leber of Heidelberg, in recognition of his work on inflammation. The first to whom this medal was awarded was the late Professor Hermann von Helmholtz for his discovery of the opthalmoscope and his treatise on physiological optics.

Dr. William E. Wysham, a prominent physician of Catonsville, Maryland, died at his home last week, after an illness of about a year. Dr. Wysham was born in 1826 and was graduated from the University of Maryland in 1849. In his early days he distinguished himself as military surgeon by his heroic services. For the past few years he has been health officer of Catonsville. His death is to be greatly regretted.

An exchange says it is easier for an American to get the degree of Ph. D. at most of the German Universities than it is for him to get it at any one of the dozen or more American universities of the highest grade. In Germany, it is the lowest degree given, hardly more than equivalent, if, indeed, it is equivalent, to our Master of Arts. Yet, many among us, who care little for their A. M., would be proud to flourish a Ph. D. from a German institution.

Book Reviews.

STRATAGEMS AND CONSPIRACIES TO DEFRAUD LIFE INSURANCE COMPANIES. An Authentic Record of Remarkable Cases. By John B. Lewis, M. D., Medical Director and Adjuster, Travelers' Insurance Company, and Charles C. Bombaugh, A. M., M. D., Medical Examiner for Life Insurance and Editor *Baltimore Underwriter*. Second Edition. Revised and Enlarged. James H. McClellan, Publisher, Office of the *Baltimore Underwriter*, Baltimore. 1896.

The first edition of this work appeared eighteen years ago and was soon exhausted. The perusal of this book proves that truth is stranger than fiction. Many of the cases are full of romantic suggestions and while the exposing of such methods may show to what extent human ingenuity may degenerate when love of money and a desire to defraud are combined, it also shows how unrelentingly the insurance companies hound such deceits at any cost until the criminal is caught and punished. While the main facts related have been contributed by the two authors and have been gathered from other sources, most of the actual literary composition is from the graceful and scholarly pen of Dr. Bombaugh. In addition to the literary excellence of the book and the fulfilment of the object for which it was written, it is a perfect piece of book work, being printed and bound in the most artistic style. It is curious to note that while there is a table of contents, no numbered pages are given, so that in seeking for a subject the reader is obliged to guess the pages.

A TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS AND PHARMACOLOGY. By Geo. Frank Butler, Ph. G., M. D., Professor of Materia Medica and Clinical Medicine in the College of Physicians and Surgeons, Chicago, etc. Philadelphia: W. B. Saunders, 1896. Pp. 11 to 858. Price, $4.

In this excellent work the pharmaceutical section is quite full although only tried drugs are retained. The untoward action of drugs and their poisonous effects are distinguished. The correct pronunciation of the words is indicated by accents. The book opens with a section on pharmacology. The pharmaceutical preparations are given in full and the medicines are divided into groups. The book has an excellent index and should be well received.

PRINCIPLES OF THEORETICAL CHEMISTRY, with special reference to the Constitution of Chemical Compounds. By Ira Remsen, M.D., Ph.D., Professor of Chemistry in the Johns Hopkins University, Baltimore. New (fifth) and thoroughly revised edition. In one royal 12mo. vol. of 328 pages. Cloth, $2.00. Lea Brothers & Co., Publishers, Philadelphia and New York.

There is very little to say of a book like this that has proved itself indispensable. In this revision few changes have been made. The subject is stated in that clear style so characteristic of the writer and this edition will undoubtedly meet with the success of previous editions.

MR. W. B. SAUNDERS of Philadelphia announces, to be sold by subscription only, a new work by Drs. George M. Gould and Walter W. Pyle, to be termed "Anomalies and Curiosities of Medicine." The same publisher also announces "Surgical Diagnosis and Treatment," by J. W. MacDonald, M. D., Graduate of Medicine at the University of Edinburgh, etc.; and "Text-Book of Embryology," by John C. Heisler, M. D., Prosector to the Professor of Anatomy, Medical Department of the University of Pennsylvania.

Practical results from the use of Guaiacol carbonate (duotal) and creosote carbonate (creosotal) in the treatment of typhoid fever and tuberculosis. Abstracted from clinical reports published during the current year. New York, Schering and Glatz.

"Love's Lance," is a new medical bibelot, or condensed medical magazine, which appears in January under the editorship of Dr. I. N. Love, of the *Medical Mirror*. It will be issued on the fifteenth of each month at fifty cents a year.

The Twelfth Annual issue of the Columbia Pad Calendar for 1897 makes the usual necessary desk ornament for lovers of this calendar and the Columbia wheel.

The Antikamnia Company issues an original calendar for 1897. It is well executed, but rather too ghastly to be artistic.

Weir's Index to the Medical Press will not suspend publication, but will be continued as heretofore.

Adipogen. Prepared Cod Liver Jelly, Lehn & Fink, New York.

PROGRESS IN MEDICAL SCIENCE.

FREDRICK G. MOORE, M. D., Boston, Mass.: I am pleased to say that Peacock's Bromides has been of great benefit to me, and a remedy that has been called in requisition in some very severe cases, in which I was particularly anxious to use chemically pure Bromides. I have at all times experienced the very best results from its use, and I take every opportunity to speak to my brother practitioners of its efficacy.

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TAKES AWAY UNWHOLESOME ODORS.— I have been using Platt's Chlorides for a number of years and find the preparation very efficient in the sick-room as it assists greatly in purifying the atmosphere, taking away unwholesome odors, differing greatly from many antiseptic solutions in not disseminating an unpleasant smell itself. It is very useful in some unhealthy conditions of the mouth and throat.— C. F. ULRICH, A. M., M. D., Wheeling, West Va., President Board of Education, Mem. Amer. Public Health Association.

ADVANTAGES OF THE ELIXIR SIX BROMIDES OVER THE BROMIDE OF POTASSIUM. — Bromide of potassium when given alone has a tendency to produce anemia, digestive disturbances, skin eruptions, marked increase of solid constituents in the urine, and a depressing effect upon the heart. Bromide of soda has none of these effects. The soda prevents gastric ailment, increases the action of the kidneys without affecting the solids, and has no depressing cardiac influence. The ammonia also counteracts the depression caused by the potassium. The iron the elixir contains is a safeguard against anemia. The cannabis indica aids the soda in preventing the cumulation of the bromides in the system, hence in epilepsy and similar disorders where a bromide has to be long continued, the Elixir Six Bromides is specially valuable. Always use the precaution to give a laxative at least every two weeks when a bromide preparation is to be continuously administered especially if there is a tendency to constipation.— *The New York Medical Journal*, VOL. LX, NO. 22.

WE take pleasure in calling attention to a very handsome pamphlet, presenting some practical and interesting facts concerning Tongaline and the different troubles for which that remedy is intended, namely: rheumatism, neuralgia, nervous headache, la grippe, gout, sciatica and lumbago. The brochure is rendered most attractive by being embellished with original drawings and also handsome photogravures of a number of eminent members of the medical profession now deceased. It is the aim of the publishers to mail a copy to every physician in the country, but any who fail to receive such can obtain one by applying to the Mellier Drug Company, St. Louis.

THE ASSIMILATION OF IRON. — In chloroanemia, Warner's Pil. Chalybeate Comp. regenerates the diseased red globules of the blood with a rapidity not before observed under the use of other ferruginous preparations; it adds to their physiological power, and makes them richer in coloring matter. Moreover, being neither styptic nor caustic, and having no coagulating or astringent action on the gastro-intestinal mucous membrane, this preparation of iron causes neither constipation nor diarrhea; as it does not need to be digested in order to be absorbed, it gives rise to no sensation of weight in the stomach, or the gastric pain and indigestion occasioned by other preparations. In women who have not menstruated for many months, the amenorrhea disappears; in others suffering from an anemic state of long duration give Warner's Pil. Chalybeate Comp., one or two after each meal, which will soon restore the blood to its normal state. The small quantity of nux vomica is added to increase the tonic effect, give tone to the stomach and nerves, and increase the appetite.

Current Editorial Comment.

THE GENERAL PRACTITIONER.

Medical Mirror.

THE general practitioner is the one who occupies the greater, higher field in the profession. The specialist should admit that he has stepped down as it were to a more limited, though a more lucrative field and often a less generous, self-sacrificing and more sordid one too.

THE COLD BATH.

Medical Summary.

THE early morning cold bath is beneficial only to those persons who possess sufficient vital energy and nervous force to insure a good reaction with no subsequent languor or lassitude. If one feels greatly refreshed after one's morning bath, but two or three hours afterwards feels tired or languid, there is sufficient evidence that the practice is injurious, and should be discontinued.

ADVERTISING DOCTORS.

Denver Medical Times.

IT seems that there are certain members of our profession — some of them good men and in every way, except their newspaper advertising weakness, strong men — who are given to periodical manias for advertising themselves in the daily press. Perhaps some new cure for hydrophobia, an idea obtained during a sojourn in Europe, creeps into their brain and they immediately, through the medium of cigars or a bottle of whiskey, creep into the daily newspaper with a long account of a new discovery. A distorted blood cell found under the microscope, and they rush for a reporter.

PALATABLE PRESCRIBING.

Charlotte Medical Journal.

IT is one of the mysteries why the members of the regular medical profession pay so little attention to the palatability of the various remedies and the size of the doses prescribed. It is probable that in the case of many of the older practitioners routine habits have been formed from which it is difficult to break loose. Among younger graduates the course of study has been and is along pathological lines and as a result of the present day teaching we find the younger men in the profession spending a great deal of time in mapping out the exact technical pathological condition of internal organs when but a fractional portion of this time is given to the study of treatment and none at all to method or size of dosage.

Publishers' Department.

Convention Calendar.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. Meets 2d and 4th Mondays of each month.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets 2d and 4th Wednesdays, 8 P. M.

CLINICAL SOCIETY, 847 N. Eutaw St. Meets 1st and 3d Fridays—October to June—8.30 P. M. S. K. MERRICK, M. D., President. H. O. REIK, M. D., Secretary.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d Tuesday of each month—October to May (inclusive)—8.30 P. M. W. S. GARDNER, M. D., President. J. M. HUNDLEY, M. D., Secretary.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. W. S. GARDNER, M. D., President. CHAS. F. BLAKE, M. D., Corresponding Secretary.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. Meets 2d Mondays of each month at 8 P. M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P.M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President, dent. E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. HENRY B. DEALE, M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. H. HOLDEN, M. D., Recording Secretary.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 2d Monday each month at members' offices. FRANCIS B. BISHOP, M. D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. W. P. CARR, M. D., President. J. R. WELLINGTON, M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. S. S. ADAMS, M. D., Recording Secretary.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. M. H. ANDERSON, 1st Vice-President. MRS. MARY F. CASE, Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

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Graduates of other accredited Medical Colleges are admitted as fourth-year students, but must pass examinations in normal and pathological histology and pathological anatomy.

The SPRING SESSION consists of daily recitations, clinical lectures and practical exercises. This session begins March 28, 1898, and continues for twelve weeks.

The annual circular for 1897-8, giving full details of the curriculum for the four years, requirements for graduation and other information, will be published in June, 1897. Address AUSTIN FLINT, Secretary, Bellevue Hospital Medical College, foot of East 26th Street, New York City.

Western Pennsylvania Medical College.

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Sessions 1896-1897.

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The laboratories are open during the collegiate year for instruction in chemistry, microscopy, practical demonstrations in medical and surgical pathology, and lessons in normal histology. Special importance attaches to "the superior clinical advantages possessed by this College." For particulars, see annual announcement and catalogue, for which address the Secretary of the Faculty, **PROF. T. M. T. McKENNAN, 810 Aenn Ave., Pittsburgh, Pa.** Business correspondence should be addressed to **PROF. W. J. ASDALE, 5523 Ellsworth Pve., Pittsburgh, Pa.**

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